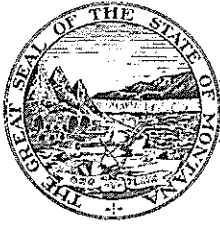


DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER  
GOVERNOR

JOAN MILES  
DIRECTOR

STATE OF MONTANA

[www.dphhs.mt.gov](http://www.dphhs.mt.gov)

TO: Sherman Weimer, Executive Director  
Jean Nolan, Board Chairperson  
Eastern Montana Industries

FROM: Kathleen Kaiser  
Quality Improvement Specialist

DATE: February 6, 2006

SUBJECT: Quality Assurance Review

The annual Quality Assurance Review was conducted on October 18<sup>th</sup> through October 27<sup>th</sup> of 2005. The results of this review are attached. The review went well and all staff were very helpful during the review process. I appreciate EMI's rapid and thorough response to any concerns noted during the review.

Attachment

Cc: Dain Christianson, DDP Regional Manager  
Tim Plaska, Community Services Bureau Chief  
Perry Jones, Waiver Coordinator  
John Zeeck, Quality Assurance Specialist

RECEIVED

FEB 7 2006

DPHHS-DSD

## Scope of Review:

The Developmental Disabilities Program (DDP)-funded services provided by Eastern Montana Industries were reviewed on an on-going basis during the year and as part of this Quality Assurance Review. An on-site quality assurance review of EMI was conducted October 18<sup>th</sup> through October 27<sup>th</sup> of 2005. The review was conducted by: Kathleen Kaiser, Quality Improvement Specialist, Miles City; Sandy Carpenter, Quality Improvement Specialist, Glasgow; Bob Trent, Quality Improvement Specialist, Billings; and Susan Madden, Quality Improvement Specialist, Billings. Included in this report are; the results of on-site visits to all program sites, a review of Individual Planning paperwork and program data for a 10% sample of the consumers served, staff questionnaire surveys from all program locations, a review of criminal background checks and orientation training, and a review of the EMI Policy and Procedures Manual.

## General Areas

### A. Administrative

#### **Significant Events from the Agency:**

- EMI has fully implemented a new Incident Management System and is having weekly meetings.
- EMI applied for and received a grant from DOT to replace wheelchair accessible van in Glendive.
- 40 consumers attended regional Special Olympic Games in Glasgow and 18 consumers attended State Special Olympics Games in Missoula.
- A new garage and storage facility built at Hafla Group Home.
- A Nefsy grant was obtained to assist with the purchase of 3 laptop computers.
- Several major purchases were made to improve staff training materials.
- Consumers are now assisting with the hiring for direct care positions.
- EMI hired new Residential-services Coordinator ( ) following a 4-month search. She comes to EMI with nearly 15 years of direct care experience.

#### **Policies and Administrative (DDP) Directives:**

- The EMI Policy and Procedure Manual was reviewed and found to be in substantial compliance with DDP requirements and directives.
- There was no policy found for Supported Living Individuals and their family to have a choice in the selection of the staff providing their direct care services (QAOS 20). EMI considered this to be standard practice, but an official policy was not in place. An EMI Policy Statement Direct Care Choice was written and submitted the next day.
- Commendations, (QAOS sheet 11), The Executive Director of the program is very visible. He fills roles with the program when short staffed and has routine interactions with consumers and staff. This creates an "open" atmosphere for staff and consumers.
- Criminal background checks were reviewed for a sample of six recently hired staff, and all six were found to have completed criminal background checks on file.

#### **Licensing**

- All Group Homes operated by EMI were found to have current licenses issued by the Quality Assurance Division.
- As stated in Licensing statement: consumer ( ) and ( ) need a letter from the dentist or a dental exam annually. The Dentist has been contacted on this and has not responded as

of yet. The Client's Doctor has agreed to check the client's mouth at their annual exam. The Glendive RN will follow up again with the Dentist and try to get a letter for their licensing (QAOS 28).

#### **Accreditation**

-EMI currently has a 3-year accreditation from CARF. The areas covered in the accreditation are: Community Employment Services, Comprehensive Vocational Evaluation Services, Employee Development Services, and Organization Employment Services.

The CARF survey had 4 areas that had recommendations; EMI has a corrective plan of action for all four areas.

#### **Agency Internal Communication Systems**

-EMI is a large corporation with satellite offices and programs in different communities. Department Heads meeting are held on a monthly basis with representatives from each of the program sites in attendance. It is felt that EMI does a satisfactory job of maintaining internal communications over a wide geographic area.

#### **Fiscal**

-DDP received Eastern Montana Industries (EMI) year-end financial report-detailing DDP related income and expenses for fiscal year ending 6/10/04. The area of concern is the accounting manual; this was also an area of concern last year. The organization has a partially completed accounting manual and they said they are working on it, but it will take several years to complete. The audit report "recommends that operating guidelines for fiscal activities be completed".

#### **Appendix I**

-There were no Appendix I tasks mutually negotiated between QIS's and EMI on which to report.

### **Specific Services Reviewed**

#### **A. Residential**

For the QA review, one individual from each Group Home was randomly selected. These individuals were:

\_\_\_\_\_ was selected for the review of supported living.

#### **Accomplishments**

-A commendation to the Supported Living Staff for honoring \_\_\_\_\_'s request that staff visit his apartment only on Thursdays (QAOS 14). This will enhance the quality of life for \_\_\_\_\_ and shows that staff treat him with dignity and respect.

-Concerning Client Care: On the evening of 11-2-05 Client I \_\_\_\_\_, headed to bed and got right back up and was not looking very well. The staff recognized what could be the signs of a heart attack and then acted immediately and took \_\_\_\_\_ to the Emergency Room. \_\_\_\_\_ is non-verbal and cannot communicate, yet the staff interpreted something was wrong by breathing and color. At the Emergency Room it was suspected that \_\_\_\_\_ had just had a heart attack, and with further testing it was determined that \_\_\_\_\_ had actually had a heart attack. If the staff hadn't paid extra attention and acted immediately the consequences for \_\_\_\_\_ could have been very serious. Great Job!! With Client Care!! (QAOS 38)

### **Programmatic Deficiencies**

-No significant programmatic deficiencies were identified.

### **Corrections to Deficiencies**

-No corrections to deficiencies were required.

## **I. Health and Safety**

### **Vehicles**

-EMI has started a vehicle inspection program. A comprehensive checklist is used to inspect all vehicles internally on a monthly basis. This program also monitors when routine maintenance is needed. Staff receive orientation training prior to driving agency vehicle.

### **Consumers**

-At Gordon Group Home, seizure-bathing protocol for [redacted] did not include "line-of-sight" and within arm's length monitoring (QAOS 5). The protocol was in place but wording was incorrect. The Group Home Manager is rewriting bathing protocol and all staff will be instructed on it.

-For [redacted] at Stephanie Group Home, seizure bathing policy does not include "line-of-sight" and "within arm's length" supervision (QAOS 6). [redacted] was on an I.P. team approved 2-minute checks during bath time. The Group Home Manager will write and post new bathing protocol. All staff at the group home will be in serviced on new bathing procedure.

-Upon receiving this QAOS sheets 5 and 6, the Executive Director sent out a memo to the Residential Services Coordinator's, requesting effective immediately, "direct line of eye-sight" the same day.

-A seizure PRN protocol for [redacted] was not well defined. The protocol was also not reviewed by I.P. team (QAOS 8). Group Home Staff was comfortable with knowing when [redacted] would have a seizure and did not take into account new staff. The Group Home Manager will write a protocol for the seizure PRN with the advice of [redacted]'s doctor.

### **Medication Safety**

-There have been instances of missed or late medications, however a medical professional has been contacted in each instance. The missed medications have not resulted in any change in the consumer's health.

-All individuals reviewed have either reached their maximum capacity on self-administration of medications or are on a program teaching a component of self-administration.

-During a review of medication logs, all staff that have assisted with medication administration are currently certified.

-In the Glendive Program the medications are bubble packed with the date clearly printed on the top of every bubble. This makes it very easy to read and understand (QAOS 35). This will ensure that medications are correctly monitored.

-In the Glendive Program the medication log sheets are done on the computer and are clear and easy to read. On the bottom of the sheet each staff signs and places their initials in space provided, which makes it very easy to identify the staff responsible

(QAOS 36). This will ensure data keeping on medications meets the policy.

-The protocol for anti-anxiety medication, PRN was not clear as to when the medication is actually given (QAOS 7). A protocol was put in effect by 11-1-05, and they were looking into discontinuing the PRN medication.

-In the Glendive Program there is no protocol for the anti anxiety medication PRN for [redacted] Seraquel. The PRN sheet did not explain [redacted]'s behaviors that she exhibited prior to needing the medication for anxiety. She went through a period of time when she exhibited screaming and moaning. Staff were aware of her anxieties as they were occurring daily for a while. [redacted]'s last dose of Seraquel was over 2 months ago. On 11-4-05 M.P. was seen by Dr. [redacted] for her annual exam. The RN from EMI discussed the medication with him and stated she had not been needing it for over 2 months. He agreed to discontinue the medication.

#### **Sites**

-All residential program sites were visited during the course of this review.

-Commendations to the Glendive Group Homes, they are clean, neat and well maintained. Having a nice place to live for the consumers enhances their quality of life (QAOS 34).

-At Box Elder Group Home, there were inoperable smoke alarms. Some were due to having no batteries (QAOS 3). The Group Home Manager was in the process of checking all the smoke detectors and replacing the batteries just before we arrived and hadn't gotten finished yet. The maintenance man checked all smoke detectors and replaced the batteries the next day.

-During our on site inspection fire drill for Box Elder and Gordon Group Home were not available (QAOS 23), but the fire drills were turned into the Human Resource office and there is no longer a need for this QAOS sheet.

## **II. Service Planning and Delivery**

### **Individual Planning (Assessment, Implementation, Monitoring)**

-Commendation to Box Elder Group Home for excellent, well-organized program books, easy to read and easy to locate data (QAOS 13). This increases assurance that programs are implemented as specified in I.P.

-Commendations for excellent data collection for [redacted] at Hafla Group Home. The data for meal preparation and one-on-one outings in the community were very easy to read and understand (QAOS 15). This enhances the quality of life for [redacted] and assures that programs are implemented as specified.

-Commendations at Gordon Group Home, the data collection was detailed and consistent. This will ensure data keeping systems meet the intent of the objectives.

### **Leisure/recreation**

-There were great Holiday decorations and consumer artwork at Box Elder Group Home (QAOS 9).

-At Hafla and Box Elder leisure activities were not logged consistently (QAOS 4). Many permanent positions are not filled and are being subbed out; also there is lack of appropriate supervision by Group Home Manager. EMI will have Hafla and Box Elder turn in recreation and leisure to Residential Services Coordinator once a week.

-At Wyoming Group Home the activities logged for leisure do not meet the standards. IE: arguing with staff, fighting with staff and laughing, scarves, high fives. These were used over and over every week (QAOS 27). Alternative activities were review at a staff meeting on 11-19-05 and a copy of daily leisure logs will be sent to the QIS on a monthly basis for 6 months.

#### **Emotionally Responsible Care Giving**

-Commendation for the whirlpool bath at Hafla, South Earling Group Home in Miles City (QAOS 16) and in all three Group Homes in Glendive (QAOS 32). This will enhance the quality of life for all of the Consumers that reside in those homes.

-There was good interaction between staff and consumers at all five Mile City Group Homes (QAOS 12). This enhances a good quality of life for the consumers.

-Commendation for Gordon Group Home, the staff and consumers were involved in family style dining (QAOS 18). This will ensure the consumers have choices and improves the quality of life.

-The Glendive Group Homes have client profiles completed on 50% of their consumers (QAOS 33). They are full of very useful information and very helpful in getting to know the consumer. This will enhance the staff and consumer relationship and enhance the client's life.

#### **Consumer Surveys**

##### **Agency's Consumer Satisfaction Surveys**

-Commendations to EMI, their Satisfaction-Surveys, are across all areas, they have a policy, and surveys are done annually with reports generated, dispersed and posted (QAOS 21). Trends are identified and areas of concern are noted.

### **Iii. Staffing**

#### **Screening/hiring**

-The EMI policy manual has detailed instructions for screening and hiring of new employees. Personnel records for six recently hired staff were reviewed and all were found to contain completed criminal background checks.

#### **Orientation/training**

-See section B. – Iii.

-For the Miles City Program personnel records of six recently hired staff were reviewed and all were found to contain detailed documentation of orientation and training.

#### **Ratios**

-During spot checks of the group homes and day programs throughout the year, I always found the required number of staff on duty. EMI self-reports instances where they are not meeting the minimum staff ratio. There have been few instances of this and usually they are only short staffed for a couple hours while a substitute staff is located.

#### **Staff Surveys**

### **IV. Incident Management**

-EMI has fully implemented a new Incident Management System and is having weekly meetings.

APS

-Several staff interviewed were unsure or unclear regarding mandatory abuse/neglect reporting to Adult Protective Service (QAOS 19). The cause was unknown because abuse/neglect reporting is covered in orientation and reviewed on a regular basis through in-services. EMI responded with in-service on abuse/neglect procedures by Human Resources by 11-11-05.

## **B. Work/day/community Employment**

For the QA review, the sample included those individuals listed above in the residential services along with \_\_\_\_\_, and \_\_\_\_\_.

### **Accomplishments**

-EMI is commended for the wide variety of work and activities for consumers at the EMI Day Program in Miles City, it is sure to enhance the quality of life for the consumers (QAOS 11).

-EMI purchased 2 sheds and placed one behind the workshop and one behind one of the group homes and they were able to move a lot of the items stored in the back of the workshop into the shed, thus freeing up a lot of space at the workshop (QAOS 31).

### **Programmatic Deficiencies**

-No significant programmatic deficiencies were identified.

### **Corrections to Deficiencies**

-No corrections to deficiencies were required.

## **I. Health and Safety**

### **Vehicles**

-On 10-27-05, during the loading of the clients from Brockway Group Home, at the work shop, the clients were left alone between each client being loaded and after the clients were loaded the trainer came back into the work shop, talked to staff and used the restroom and left the clients alone on the van with the van running for 7 minutes (QAOS 24).

Provider response was: *"Two staff are loading/assisting clients on van until loaded. Not sure where second staff person was at, perhaps she was buckling the tie downs, there is no mention of where she was positioned? Perhaps the staff person was sitting in the van waiting for the driver? . never went in the van? Action to be taken: Our clients are not endangered, they are seat belted in, unable to unbuckle the seatbelts and drive away. The vans are in full view while loading. Wheelchairs are tied down and clients have seatbelts on at all times. Will inform staff at 11-17-05 meeting to be attentive for safety purposes Do not leave unattended."*

Further review was requested. The QIS had accounted for all staff present and there was not a staff member on the van. Please send the QIS a copy of the 11-17-05 meeting minutes and a copy of the staff sign-off sheet showing who attended. This was done by 12-21-05

### **Consumers**

-Consumers interviewed expressed satisfaction with the services they were receiving from EMI. The Consumers were able to tell us whom they would talk to if they had a problem or wanted something to be different.

### **Medication Safety**

-Medication storage and logbooks were checked at all sites and found to be fine.

### **Sites**

-The water at the Glendive Work Center was 144 degrees (QAOS 29). There was some question if the Work Center was going to have to move to a new location and it has been decided that they will be staying where they are so they are going to begin working on the things that are on their maintenance list. Mixing valves will be installed within the next 3 months.

-The carpeting at the Glendive Work Center has 2 long tears in it with fibers of the carpeting sticking up (QAOS 30). The carpet will be repaired by maintenance man with-in the next month.

## **Ii. Service Planning and Delivery**

### **Individual Planning**

-At non-intensive Day Program, many instances of service and training objectives were not implemented as specified in I.P. (QAOS 1). The Individual running objectives was possibly taking on too many objectives and had other responsibilities as well. The Training Specialist will reinstate monthly staffing's with Day Program Staff to catch these instances. Administration will look at Training Supervisor's duties and shift responsibilities as needed.

-At EMI Day Program, there was lack of evidence supporting internal monitoring of I.P. implementation and objective data monitoring (QAOS 2). The I.P. implementation and objective data is turned in on a monthly and quarterly basis. Training Specialist will reinstate monthly staffings to be better informed of how programs are going and a summary of areas of concern will be sent to the Consumer Services Director.

-In the Supported Employment Program, client's objective was not started and trainer was not aware of the objective (QAOS 22). Person responsible for objective was not present at the I.P. and her responsibility for the objective was not properly communicated to her. The staff member responsible for I.P. objectives will have a copy of the I.P. objective and be responsible for quarterly reports to the Training Specialist. This program no longer meets the consumer's need and it will be dropped.

### **Client Rights**

-EMI had historically been a strong champion of the rights of individuals served, and this review revealed nothing to the contrary.

### **Agency's Consumer Satisfaction Surveys**

-Commendations to EMI, their Satisfaction-Surveys, are across all areas, they have a policy, surveys are done annually with reports generated, dispersed and posted (QAOS 21). Trends are identified and areas of concern are noted.

## **Iii. Staffing**

### **Screening/hiring**

-The EMI policy manual has detailed instructions for screening and hiring of new employees. Personnel records for six recently hired staff were reviewed and all were found to contain completed criminal background checks.



### **Orientation/training**

In the Glendive program two staff were interviewed, one employed 2 months and the other 3. Both staff were unsure of mandatory abuse/neglect reporting, normalization principles, philosophy of DD services, clients rights, Incident Reporting and Behavior Management Techniques. Neither staff has been through formal orientation. They have completed a check off list that did not cover these areas (QAOS 25).

Provider response by [redacted] dated 11-23-05: *"When the 2 employees were asked by me what to do if they witnessed a form of abuse – they knew exactly who to call. I believe they felt intimidated and scared. They both know how to do incident reports. Not sure any of the staff would know philosophy of DD or normalization principals. Behavior Management techniques are usually taught through DDCPT. I touch basis and review with them our one behavior program.*

*Action to be taken: My orientation process is approved by [redacted]. Licensing. I am not in the position to orient formally until I have at least 3 or 4 employees. I also have to work around substitutes schedules from their other jobs or school. I can go 2 months without a hire or I could have 2 or 3 in a few months. Every aspect of orientation is touched on and explained when hired. They receive anywhere from 36- (missing from my copy) hrs of hands on orientation by beginning employment. Orientation is scheduled for 12-1-05".*

Regional Manager, [redacted] responded on 11-23-05:

The administrative rules of Montana require that "each staff person must demonstrate the competencies necessary to meet the needs of the person receiving services (ARM 37.34.2107) and that "the provider shall provide training for each new employee within the first 30 days of employment.

The Glendive Program staff interviews conducted on 11-4-05 did not indicate staff employed for 2-3 months had a working knowledge of key elements of orientation training. Notice was provided to EMI on QAOS sheet #25 dated 11-18-05.

The initial response does not provide adequate assurance that staff orientation will occur within 30 day of employment nor that the orientation provided would cover the elements required by administrative rule. It is imperative that EMI's process for orientation of new staff meet requirements.

EMI Executive Director [redacted] responded on 11-29-05:

We recently received a letter from the DD Regional Manager notifying us that *"in some instances we may have been in violation of a state administrative rule that requires that provider employees receive training and orientation within the first 30 days of hire. While we have provided as much as we should. This problem has surfaced with the expansion from one to three homes in Glendive without any real additional administrative support to assist [redacted]. What I would like to do is "kill two birds with one stone" – begin providing some orientation assistance from Miles City, which should also serve to improve the consistency in orientation between the*

two programs.

*Effective with the month of December I would like:*

1. *I want to continue to provide the basic orientation that we require prior to working.*
2. *Additionally, one standard orientation session should be scheduled each month. This should result in all new hires meeting the 30 day timeline for full orientation.*
3. *I should attend this orientation session and provide those modules that she does here in Miles City, including our policies and procedures for incident reporting and abuse and neglect.*
4. *I would like to also go to Glendive at least once per month to enroll all new staff there in DDCPT/CBT, while at the same time providing them with the orientation component regarding consumer rights. Any other components of the orientation process that can be handled at this same session as well.*
5. *I or her designee should complete the remaining modules of our orientation process during this monthly session. I would suggest making use of the RN for providing some of this training, especially any modules or training related to health concerns/requirements for the consumer.*
6. *All orientation should be recorded on the same orientation forms used in Miles City, and copies provided to them for placement in their personnel files.*
7. *I would like either me or myself to attend the general monthly staff meeting in Glendive to update staff on any new information or answer any questions. This should provide them with some support regarding any issues”.*

-All staff working in intensive services must be enrolled in DDCPT within 45 days of hire. Staff turnover rate has been high and not all new staff have been scheduled for a class within the 45 days (QAOS 37). The Training Specialist will hold a 2-hour DDCPT module one session once a month to make sure all staff are enrolled by the 45 days of hire and then he will continue offering additional modules.

-For the Miles City Program personnel records of six recently hired staff were reviewed and all were found to contain detailed documentation of orientation and training.

#### **Ratios**

-During spot checks of the group homes and day programs throughout the year, I always found the required number of staff on duty. EMI self-reports instances where they are not meeting the minimum staff ratio. There have been few instances of this and usually they are only short staffed for a couple hours while a substitute staff is located.

#### **Staff Surveys**

### **IV. Incident Management**

-EMI has fully implemented a new Incident Management System and is having

weekly meetings.

**Incident Reporting**

-Several staff interviewed were unsure or unclear regarding mandatory abuse/neglect reporting to Adult Protective Service (QAOS 19). EMI responded with in-service on abuse/neglect procedures.

**C. Community Supports**

A minimum of five individuals are reviewed for the QA review of Community Supports. The individuals selected for the review were .

. Each individual uses most if not all of their community supports running to purchase vocational services from EMI.

Accomplishments

**Programmatic Deficiencies**

-No significant programmatic deficiencies were identified.

**Corrections to Deficiencies**

-No corrections to deficiencies were required.

**I. Health and Safety**

-There were no health and safety concerns for the individuals receiving community supports. Each of the individuals receives most of their residential support from family and the families primarily ensure the health and safety needs of the individual are being met.

**Vehicles**

-See above under residential.

Consumers

**Medication Safety**

-None of the Community Supports agreements include provision for assisting with medication administration.

Sites

**Ii. Service Planning and Delivery**

**Individual Planning**

-All of the concerns were covered in the Work/Day/Community Employment section.

Leisure/recreation

**Client Rights**

-No issues concerning client rights were identified for the individuals served in the Community Supports Program.

**Medical/health Care**

-Medical and health care needs were found to be met for individuals served.

Emotionally Responsible Care Giving

Consumer Surveys

**Agency's Consumer Satisfaction Surveys**

-See above under residential.

**Iii. Staffing**

**Screening/hiring**

-See above under residential.

**Orientation/training**

-See above under residential.

**Ratios**

-See above under Work/Day/Community Employment

Staff Surveys

**IV. Incident Management**

-EMI has fully implemented a new Incident Management System and is having weekly meetings.

**APS**

-Several staff interviewed were unsure or unclear regarding mandatory abuse/neglect reporting to Adult Protective Service (QAOS 19). The cause was unknown because abuse/neglect reporting is covered in orientation and reviewed on a regular basis through in-services. EMI responded with in-service on abuse/neglect procedures by Human Resources by 11-11-05.

**D. Transportation**

**Accomplishments**

-EMI applied for, and received a grant from DOT to replace wheelchair accessible van in Glendive.

**Programmatic Deficiencies**

-No significant programmatic deficiencies were identified.

**Corrections to Deficiencies**

-No corrections to deficiencies were required.

-EMI has started a vehicle inspection program. A comprehensive checklist is used to inspect all vehicles internally on a monthly basis. This program also monitors when routine maintenance is needed. Staff receive orientation training prior to driving agency vehicle.

**Conclusion**

-I want to thank all EMI staff for all of the cooperation that I received during this review process. I think that the staff at EMI are their strongest asset and that they continue to build on that asset every day.

-EMI has responded to each QAOS sheet with a plan of action. In several instances, EMI had implemented a plan to correct the concern the same day the concern was brought to their attention.

-EMI is to be commended for the quick response to the deficiencies noted in the QA review. All findings are considered closed as a result of the response from EMI.

**Findings Close**

All findings identified through Quality Assurance Observation Sheets are closed.

**Findings Open/plan of Correction**

-No findings remain open, and plans of correction are required.